

Art 34 Ch 1-30

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101584801

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
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14		1		1		
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25		1		1		
26		1	1			
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29		1		1		
30		1		1		
31					1	
32						1
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36						1
37						1
38				1		
39						1
40						1
41						1
42						1
43				1		
44						1
45						1
46						1
47				1		
48						1
49						1
50				1		
TOTAL IND.	2	↓	2	↓	-	↓
TOTAL DEP.	28	←	18	←		←
TOTAL CLAIMS	30		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						1
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	5	↓
TOTAL DEP.		←		←	16	←
TOTAL CLAIMS					21	